AMENDMENT TRANSMITTALPATENT

Application No.: 09/782,235
Filing Date: 2/12/01
First Named Inventor Edwards
Examiner's Name: Kassa, Y.
Art Unit: 2625
Attorney Docket No.: 80398.P597

RECEIVED

JUN 24 2004

Technology Center 2600

An Amendment After Final Action (37 CFR 1.116) is attached and applicant(s) request expedited action.

Charge any fee not covered by any check submitted to Deposit Account No. 02-2666.

Applicant(s) hereby request and authorize the U.S. Patent and Trademark Office to (1) treat any concurrent or future reply that requires a petition for extension of time as incorporating a petition for extension of time for the appropriate length of time and (2) charge all required fees, including extension of time fees and fees under 37 CFR 1.16 and 1.17, for any concurrent or future reply to Deposit Account No. 02-2666.

Applicant(s) claim small entity status (37 CFR 1.27).

ATTACHMENTS

Preliminary Amendment
 Amendment/Response with respect to Office Action
 Amendment/Response After Final Action (37 CFR 1.116) (reminder: consider filing a Notice of Appeal)
 Notice of Appeal
 RCE (Request for Continued Examination)
 Supplemental Declaration
 Terminal Disclaimer (reminder: if executed by an attorney, the attorney must be properly of record)
 Information Disclosure Statement (IDS)
 Copies of IDS citations
 Petition for Extension of Time
 Fee Transmittal Document (that includes a fee calculation based on the type and number of claims)
 Cross-Reference to Related Application(s)
 Certified Copy of Priority Document
 Other: _____
 Other: _____
 Check(s)
 Postcard (Return Receipt)

06/21/2004 HDEMESS1 00000102 09782235

SUBMITTED BY:01 FC:1201
02 FC:1202172.00 OP
126.00 OP

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

TYPED OR PRINTED NAME: Sheryl Sue Holloway

SIGNATURE:

REG. NO.: 37,850

DATE: JUN 14, 2004

ADDRESS: 12400 Wilshire Boulevard, Seventh Floor

Los Angeles, California 90025

TELEPHONE NO.: (408) 720-8300

CERTIFICATE OF MAILING BY FIRST CLASS MAIL (if applicable)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria Virginia 22313-1450 on June 14, 2004

Date of Deposit

Cheri Clinkenbeard

Name of Person Mailing Correspondence

Signature

Date

Express Mail Label No. (if applicable): _____

(10/14/03)

Send to: COMMISSIONER FOR PATENTS, P.O. Box 1450, Alexandria, Virginia 22313-1450

JUN 17 2004

FEE TRANSMITTAL FOR FY 2004

(FY 2004 Begins 10/01/2003)

TOTAL AMOUNT OF PAYMENT (\$) 298.00

Complete if Known:

Application No. 09/782,235Filing Date 2/12/01First Named Inventor EdwardsExaminer Name Kassa, Y.Art Unit 2625Attorney Docket No. 80398.P597

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 Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None Deposit AccountDeposit Account Number : 02-2666

Deposit Account Name: _____

 The Director is Authorized to do the following with respect to the above-identified Deposit Account: Charge fee(s) indicated below. Credit any overpayments. Charge any additional fees during the pendency of this application. Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged. Charge fee(s) indicated below except for the filing fee.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee	Fee	Fee	
Code	(\$)	Code	(\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80
		Utility application filing fee	
		Design application filing fee	
		Plant filing fee	
		Reissue filing fee	
		Provisional application filing fee	

SUBTOTAL (1) \$ 02. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims <u>27</u>	<u>- 20** = 7</u>	<u>X 18.00</u>	<u>= 126.00</u>
Independent Claims <u>5</u>	<u>- 3** = 2</u>	<u>X 86.00</u>	<u>= 172.00</u>
Multiple Dependent			

**Or number previously paid, if greater; For Reissues, see below.

Large Entity	Small Entity	Fee Description
Fee	Fee	Fee
Code	(\$)	Code
1202	18	2202
1201	86	2201
1203	290	2203
1204	86	2204
1205	18	2205
		Claims in excess of 20
		Independent claims in excess of 3
		Multiple dependent claim, if not paid
		**Reissue independent claims over original patent
		**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 298.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
Fee Code	Fee (\$)	Fee Code (\$)	
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1813	8,800	1813	8,800
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1814	110	2814	55
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
1504	300	1504	300
1505	300	1505	300
1803	130	1803	130
1808	130	1808	130
1454	1,330	1454	1,330

Other fee (specify) _____

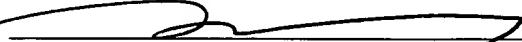
Other fee (specify) _____

SUBTOTAL (3) \$ 0

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:

Typed or Printed Name: Sheryl Sue Holloway

Signature:  Date: JUNE 14, 2004

Reg. Number: 37,850 Telephone Number: 408-720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450